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<h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/010,960			
		Filing Date	November 9, 2001			
		Confirmation Number	5625			
		First Named Inventor	STEVENS, WALTER J.			
		Group A-1 Unit	3731			
		Examiner Name	BAXTER, JESSICA R.			
Total Number of Pages in This Submission	13	Attorney Docket Number	STAN-132CIP			
ENCLOSURES (check all that apply)						
<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) </td> <td style="vertical-align: top; width: 33%;"> <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): </td> </tr> </table>				<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual Name	SUSAN C. TALL, Reg. No. 52,272					
Signature						
Date	October 14, 2003					

CERTIFICATE OF FACSIMILE TRANSMISSION			
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Typed or printed name	Martha Cisneros		
Signature			Date: October 14, 2003

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Typed or Printed Name		Marta Cienega	
Signature <i>[Signature]</i>		Date	October 14, 2003
AMENDMENT Under CFR 1.111 Address to: Mail Stop Non Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	STAN-132CJP	
	Confirmation No.	5625	
	First Named Inventor	STEVENS, WALTER J.	
	Application Number	10/010,960	
	Filing Date	November 9, 2001	
	Group Art Unit	3731	
	Examiner Name	BAXTER, JESSICA R.	
Title: "ANASTOMOSIS SYSTEM AND METHODS FOR USE"			

Sir:

This amendment is responsive to the Office Action dated July 11, 2003, for which a three-month period for response was given making this response due on or before October 11, 2003. As October 11, 2003 falls on a Saturday and the Monday immediately following October 11, 2003, is a Federal holiday within the District of Columbia, this response is being submitted as of the next succeeding secular or business day. As such, this response is timely filed.

In view of the amendments to the claims and the remarks put forth below, reconsideration and allowance are respectfully requested.

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